

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024359

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5827

STATE FILE NUMBER

FILED JUN 18 1962

## 1. PLACE OF DEATH

a. COUNTY

-

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Missouri

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION St. Anthony's Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

-

admission)

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

3866 Juniata

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Russell

Middle

Caldwell

Last

Adams

4. DATE

OF

DEATH

Month

June

Day

9,

Year

1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-27-06

## 9. AGE (last birthday)

55

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor

## 10b. KIND OF BUSINESS OR INDUSTRY

Western Electric

## 11. BIRTHPLACE (City and state or country)

Sparta, Illinois

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Gilbert K. Adams

## 13b. MOTHER'S MAIDEN NAME

Lillian Caldwell

## 14. NAME OF HUSBAND OR WIFE

Myra M. Adams

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

L

## 17. INFORMANT

Mrs. Myra Adams 3866 Juniata

## 18. CAUSE OF DEATH (Enter only one cause per line for (a)

PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

## INTERVAL BETWEEN ONSET AND DEATH

8 yrs +

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Generalized Arteriosclerosis

Vulv

## DUE TO (c)

4200

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

## 20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Feb 10 1954 to

June 9 - 1962

and last saw him alive on June 7 - 1962

Death occurred at

8:30 am

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert G. Warner M.D.

## 22b. ADDRESS

1115 Paul Brown Bldg. Sparta, Ill.

## 22c. DATE SIGNED

June 11 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

6-12-62

## 23c. NAME OF CEMETERY OR CREMATORY

Calcoonia Cemetery

## 23d. LOCATION (City, town, or county)

Sparta, Illinois

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

SAM

## 25. DATE RECD. BY LOCAL REG.

JUN 12 1962

## 26. REGISTRAR'S SIGNATURE

H. Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

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91

Dr. Warner  
818 Olive  
CH. 1-4747

5017 Donnan  
6:00 pm.

12203 Tue.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lewis E. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address

7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.